

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 394

1. PLACE OF DEATH:

(a) County Butler  
(b) City or town Poplar Bluff  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Lucy Lee Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(e) State Missouri (b) County Butler 12  
(c) City or town Poplar Bluff 7  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1024 Nooney 3  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Henry Allen Davis

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 702-18-9089

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna Davis 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 10 1904  
(Month) (Day) (Year)

|         |       |        |      |                      |
|---------|-------|--------|------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
|         | 44    | 8      | 17   | hr. _____ min.       |

9. Birthplace Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Switchman

11. Industry or business Rail Road

12. Name Robert Allen Davis

13. Birthplace Arkansas  
(City, town, or county) (State or foreign country)

14. Maiden name Addie Taylor

15. Birthplace Arkansas  
(City, town, or county) (State or foreign country)

16. (a) Informant ZMrs. Anna Davis

(b) Address Poplar Bluff

17. (a) Burial (b) Date thereof 12/1/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff, Mo.

18. (a) Signature of funeral director Greer Croy & Fitch

(b) Address Poplar Bluff, Mo.

19. (a) 12-2-48 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27  
year 1948 hour 9 minute 30 PM.

21. I hereby certify that I attended the deceased from Nov 26 48  
to Nov 27 48  
that I last saw h. im alive on Nov 27 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death ACUTE RESPIRATORY FAILURE  
Duration \_\_\_\_\_

Due to CEREBRAL HEMORRHAGE

Due to HYPERTENSION

Other conditions PNEUMONIA, LOBAR  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 108  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. H. McPheters, Jr. (M. D. or other) MD

Address Poplar Bluff, Mo. Date signed \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

DEC 11 1948

RECEIVED

District Health Office No. 2,

District File Number 12-48-1624

Date Filed 12-6-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

*Russell Vaughan*

Registered Apprentice No.....

working under my personal supervision.

Signed *Wallace N. Fitch*

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.